Town of Loomis Commercial Business License Application



6140 Horseshoe Bar Road, Suite K, Loomis, CA 95650 Telephone (916) 652-1840 ● FAX (916) 652-1847

Business Name (DBA)				
Business Site Address	ziP			
Business Mailing Address	ziP			
usiness Phone # FAX #				
Emergency Contact	Phone #			
Business Owner (1)				
	Home Phone #			
Business Owner (2)				
Social Security #	Home Phone #			
Type of Ownership: Sole Proprietorship	_ Partnership LLC Trust			
Corporation Sole Corporation	Professional Corporation Non-Profit			
Business Description				
Business Operating Days	Hours SIC			
Federal ID #	State ID #			
State Board of Equalization #	Number of Employees			
Email Address	Web Site			
Insurance Company	Phone#			
Property Owner	Phone #			
Contractor's License #/ Class	/ Exp. Date			
Annual Taxable Sales (Not used to calculat	e fees)			
Does the business store more than five gall material? No Yes If yes, must fill o Date Received				
If trucks, commercial vehicles or pieces of ebusiness, please list each and their location	equipment are parked or stored in connection with your			
(1)				
	Please use reverse side to list additional information →			
Sign Application Required? No Yes	Date Approved			
Print Applicant's Name				
Sign Applicant's Name	Date			

^{*}Note: All gun sales, massage business and ice cream truck businesses must have Sheriff Department Approval.

ID#	
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Zoning		_APN #	H4
Amount Paid \$	Receipt #	Date Rec'd	Ву
			=
		Loomis Fire	
		Placer Co. Sheriff	
Placer Co. Air Pollution Co	ontrol Dist		
Sign of the second seco			
ADDITIONAL CONDIT	IONS (Office Use Or	nly):	
		,	
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ADDITIONAL APPLICA	ANT COMMENT:		